



PLANTATION POLICE EXPLORERS APPLICATION



Special Note to Parents and Guardians:

You may save this PDF file to your computer, fill in all of the requested information, and then print, sign and notarize where indicated. Complete all sections and forms, as any incomplete application will delay the enrollment process. Please provide a copy of the child's birth certificate; social security card; health insurance card and Florida driver's license, identification card, or school issued photo ID. Also, provide a copy of the Parent or guardian's Florida driver's license or identification card.

Plantation Police Department
451 NW 70th Terrace, Plantation, FL 33317
T: (954) 797-2700 • F: (954) 797-2716
www.psd.plantation.org

PLANTATION POLICE EXPLORER POST 347

Applicant Packet		Date Submitted:	
Last Name:		First Name:	M.I.:
Current Street Address:			
City :		State:	Zip Code:
Phone (H):	Phone(C):	Email:	
Date of Birth:	Age:	Grade:	SSN:
EDUCATION			
Current School:		Dates Attended:	
Previous School:		Dates Attended:	
EMPLOYMENT			
Current Employer:			How Long:
Employer Address:		City:	Zip Code:
Phone:		Email:	
MEDICAL/EMERGENCY INFORMATION			
Health/Accident Company:		Policy #:	
Policy Holder:		Phone (w/area code):	
First Contact:		Phone:	
Second Contact:		Phone:	
OTHER			
Are you a United States citizen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid driver's license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, driver's license # :		State:	Exp.:
Do you have siblings who are or were enrolled in Explorer post 347? If yes, please provide name.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name:		Active:	
Date Joined:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name:		Active:	
Date Joined:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

PARENT/GUARDIAN INFORMATION

Name:	Relationship:	Phone:
Address:	City:	Zip:
Employer:	Phone:	
Address:	City:	Zip:
Name:	Relationship:	Phone:
Address:	City:	Zip:
Employer:	Phone:	
Address:	City:	Zip:

CONTROLLED SUBSTANCE/DRUG ABUSE

Have you ever illegally used drugs or controlled substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you now or have you ever illegally possessed, supplied, or sold any drugs or controlled substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you answered yes to one or both questions above, provide details below:			
Name of Drug / Controlled Substance	First used (MM/YY)	Last used (MM/YY)	Total Times Used

CRIMINAL HISTORY

Have you ever been arrested or detained by any law enforcement agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been convicted of, or have you ever been found to have committed any civil or criminal law violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you answered yes to one or both questions above, provide details below:			
Charge, Violation, or Circumstance	Location (City/State)	Detention, Penalty, Disposition	Date of Offense (MM/YY)

REFERENCES

Name:	Email:	Phone:
Name:	Email: _____	Phone: _____
Name: _____	Email: _____	Phone: _____

I solemnly swear and affirm that the answers that I have made to each and all of the questions, whether in writing or in print, are true and complete to the best of my knowledge and belief. I agree and understand that any misstatements of material facts contained herein will be cause for forfeiture on my part to all rights to membership in the Plantation Police Explorer Program.

Applicant Signature

Parent/Guardian Signature

Date

Parental Release Form

Please clearly indicate the permissions and/or restrictions that apply to your child by writing Yes or No below and providing additional information where requested, if applicable.

Specialized trainings given to explorers include but are limited to:

	Yes	No
Bike Training- Rigorous bicycling skills, basic bicycle-handling skills; good physical health.	<input type="checkbox"/>	<input type="checkbox"/>
Physical Agility- Includes running, Push-ups, Sit ups, and many other approved physical activities. Please note that P.T is a required task during various activities unless otherwise stated by your child/ward's physician.	<input type="checkbox"/>	<input type="checkbox"/>
Defensive Tactics/ Verbal Judo Training- Explorers are taught basic defensive tactics skills and procedures such as, controlling their breathing, assessing situations, verbal techniques, avoiding distractions, body language and much more.	<input type="checkbox"/>	<input type="checkbox"/>
Basic Firearms Instruction/ Safety Training- As a requirement of this program, the participants are expected to have a working knowledge of safe firearm handling and marksmanship. These courses are taught under close strict supervision by state certified range officers	<input type="checkbox"/>	<input type="checkbox"/>
Ride-A-Long Program- The purpose of the ride-a-long program is to provide the Explorer with a firsthand knowledge of patrol functions as well as a broader knowledge of basic police procedures. It supplements classroom training in basic police procedures through observation and conversation with police officers during their performance of routine patrol functions.	<input type="checkbox"/>	<input type="checkbox"/>

If you have selected **NO** for your child **NOT** to participate in any of the specialized trainings listed above please indicate below what the restrictions are:

Signature of Parent/Guardian

Date

Permission to carry Handcuffs

I, _____, the parent/guardian of _____ do hereby give permission for my child to carry handcuffs while taking part in sanctioned explorer events with the Plantation Explorer Post 347. I understand that no handcuffs will be issued or allowed to be carried until proper training on their usage has been given by a certified instructor of the Plantation Police Department. Explorers are **NOT** allowed to carry handcuffs out of explorer uniform and/or out of explorer sanctioned events or meetings.

I also understand that failure to comply with this policy will result in immediate suspensions pending an investigation by the Post Advisors and Board of Directors as deemed necessary.

**** Check here if you **DO NOT** consent to your child training with handcuffs.***

Signature of Parent/Guardian

Date

Signature of Explorer

Date

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to the Plantation Police Explorers to use the image of my child _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Plantation Police Explorers website.

1. Deny permission to use my child's image.
2. Grant permission to use my child's image for city publication or Plantation Police Explorer Post 347, not for profit. I understand that no compensation will be received for my child's participation.

Parent/Guardian signature

Date



PLANTATION POLICE DEPARTMENT



RIDE-ALONG: WAIVER OF LIABILITY

Name _____ Date of Birth _____ SSN _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Check one of the following:

Citizen Media Applicant Employee Explorer Other _____

The undersigned, does hereby request permission from the Plantation Police Department to ride as an observer with the Plantation Police Department. In consideration for being allowed to ride as an observer, I agree to the following:

I fully understand that there are inherent hazards and dangers associated with law enforcement work. I understand and have been explained the risks and conditions that are a part of a Ride-Along and assume the risk of any activities associated with the Ride-Along Program.

I agree that I will fully comply with all orders and directions of the officer(s). I further agree that I will not interfere with any law enforcement function being performed during the course of my Ride-Along.

As an observer with the Plantation Police Department, I for my heirs, my assigns, and myself, do hereby release and forever hold harmless the City of Plantation, the Plantation Police Department, their administrators, agents, insurance carrier, employees and servants from any and all actions and claims as a result, either direct or indirect, of the granting of said permission to accompany Plantation Police Officers and/or employees in the performance of their jobs, duties or assignments. This Waiver of Liability is to release any and all liability resulting in, but not limited to, personal injury, illness, disability or harm that might come to me as a result of my request to ride as an observer with the Plantation Police Department. I am hereby voluntarily signing this release.

Signature of Observer (or Guardian, if under age 18)

Date

**Plantation Police Department
Records Unit**
451 NW 70th Terrace, Plantation, FL 33317
phone: 954.797.2107 fax: 954.797.2724
www.psd.plantation.org

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged and sworn to before me this _____ day of _____

_____ 20_____, by _____, who is
(Month) (Year) (Name of Affiant)

personally known to me, or who has produced _____ as
(Type of Identification)

Identification, and who **did** **did not** take an oath.

(Notary or Officer Signature)

(Notary or Officer Name/Title)

Approved **Disapproved**

(Signature of Chief of Police / Designee)

The area below must be completed when Non-Department Members Ride-Along

Assigned to Officer _____ Date _____ Time _____

Approval of Shift Commander (**Required**) _____

This form should be returned to the Road Patrol Secretary after Ride-Along is completed.

**Plantation Police Department
Records Unit
451 NW 70th Terrace, Plantation, FL 33317
phone: 954.797.2107 fax: 954.797.2724
www.psd.plantation.org**

EXPLORERS PROGRAM RELEASE AND WAIVER FOR MINOR
NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN PURSUANT TO SECTION
744.301, FLORIDA STATUTES

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY.

YOU ARE AGREEING THAT EVEN IF THE CITY OF PLANTATION USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED.

BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF PLANTATION IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.

YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE CITY OF PLANTATION HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

In consideration of the City of Plantation granting my child permission to participate in the Police/Fire Explorer Program ("Program"), I, _____ (parent/guardian) give permission for my minor child, _____, to participate in the Program and hereby agree to sign this Release and Waiver.

Accordingly, I, both individually and in the representative capacity of my child, agree to unconditionally release, waive, and discharge the City of Plantation, its council members, employees, agents, and servants, all hereafter referred to as "releasees," from all claims and courses of action, that I, my personal representatives, assigns, heirs, and next of kin, may have for any loss, damage, or injury to person or property, whether caused by the negligence, or otherwise of the releasees. In addition, I agree to release against all claims, demands, and actions arising out of either my own and/or my minor child's actions or involvement with the City of Plantation.

I certify and warrant that my minor child is in good health and physical condition and is able to participate in the Program.

Additionally, I agree that my minor child will adhere to all applicable rules and regulations of the City of Plantation and its Police Department.

I have carefully read the foregoing release and waiver, including the statutory notice on the first page, and know the contents thereof. I fully understand the risks that my child may encounter with his/her involvement and activity with the Program. I understand the contents of this Release and Waiver and I am signing this Release and Waiver as my own free act.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

In Witness Whereof, I have executed this Release and Waiver on _____, 20____.

By:

Signature of Parent/Guardian

Printed Name of Parent/Guardian

WITNESS:

Signature of Witness

Printed Name of Witness

As the parent/guardian of the minor child applying for membership to the Plantation Police Explorer Program, I hereby authorize the Plantation Police Department to verify any and all facts listed on this application, and to contact any references listed.

Parent/Guardian Signature

Date

As the parent/guardian of the minor child applying for membership to the Plantation Police Explorer Program, I hereby give my permission for my child to become a member of the Plantation Police Explorer Program.

Parent/Guardian Signature

Driver's License #/State

Date

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged and sworn to before me this _____ day of _____, 20_____, by _____, who is personally known to me, or who has produced as _____ Identification, and who did did not take an oath.

(Notary or Officer Signature)

(Notary or Officer Name/Title)



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME: _____
DATE OF BIRTH: _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: Plantation Police Department
ADDRESS: 451 NW 70th Terrace, Plantation, FL 33317

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. **Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

Applicant's Signature _____ **Date**

Applicant's Address

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____

day of _____, year _____, By _____

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced _____

**CITY OF PLANTATION
EMERGENCY MEDICAL TREATMENT AUTHORIZATION FOR
THOSE UNDER THE AGE OF 18**

I, _____, am the (mother, father or legal guardian) of _____,
a minor, of _____ (address), in the City of _____,
county of _____, State of Florida, who is employed by the City of Plantation.

I give my consent, in the event all reasonable attempts by authorized personnel to contact me at
_____ (phone number), or to contact _____ (phone number) have
been unsuccessful for:

1. The administration of any necessary treatment by a licensed physician or dentist; and,
2. The transfer of the minor to _____ (preferred hospital) or any hospital reasonably
accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed
physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

The following information is needed by any hospital or practitioner not having access to the minor's medical
history:

ALLERGIES: _____

MEDICATION BEING TAKEN: _____

DATE OF LAST TETANUS SHOT: _____

PHYSICAL IMPAIRMENTS: _____

OTHER PERTINENT FACTS THAT PHYSICIAN SHOULD BE ALERTED TO: _____

FAMILY PHYSICIAN'S NAME: _____ PHONE # _____

PARENT/LEGAL GUARDIAN SIGNATURE _____

The foregoing instrument was acknowledged before me this ____ day of _____, ____ by
_____, who is personally known to me or who has produced

_____ as identification and who did not take an oath.

_____ Signature of person taking acknowledgment

Name of officer taking acknowledgment

Commission number

Plantation Police Explorers Medical Clearance Form

This form is to be completed by the physician or Licensed care provider who has examined the below named explorer within the past year.

I examined _____ on _____, 20__ and certify that he/she has no medical problems, or physical conditions that would prevent him/her from safely taking part in any physical activity as a result of their involvement with the Plantation Police Explorer Post 347.

The above named is or has been subject to:

Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fainting Spells	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Convulsions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bleeding Disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergies to any medication, food, plant, insect bite or other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Condition that may require special care, medication or diet	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of the above, please explain and list any restrictions, if applicable:

If any questions, I may be contacted at telephone number _____ .

Physician's Name (Print)

Physician's Signature

Date